

## East Hampton Economic Development Commission Business Survey

<b>BUSINESS DIRECTORY INFORMATION</b>															
Information to be included in the EDC online business directory	Business Name														
	Location														
	Phone														
	Fax														
	Business Description (30 words)														
If you have a digital photo of the business building exterior and / or a logo file, please email to: <a href="mailto:kanderson@easthamptonct.org">kanderson@easthamptonct.org</a>															
<b>PARENT COMPANY INFORMATION</b>															
Information for EDC purposes only; will not be published or sold	Parent Company Name (if applicable)														
	Location														
	Phone														
	<b>BUSINESS INFORMATION</b>														
	Owner Name														
	Owner Email Address														
	Type of Ownership (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____														
	Business Status (check all that apply) <input type="checkbox"/> Family-Owned <input type="checkbox"/> Home-based <input type="checkbox"/> Woman Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other _____														
	If known, please list your NAICS/SIC (NAICS=North American Industry Classification System / SIC=Standard Industrial Code)														
	Business Sector (choose up to two that most closely match your business; this is how your business will be listed in the EDC online directory) <input type="checkbox"/> Agricultural <input type="checkbox"/> Beauty / Spa <input type="checkbox"/> Communications <input type="checkbox"/> Consulting <input type="checkbox"/> Consumer Goods Producer <input type="checkbox"/> Entertainment <input type="checkbox"/> Financial / Insurance <input type="checkbox"/> Healthcare / Dental <input type="checkbox"/> Landscaping <input type="checkbox"/> Light Industrial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Real Estate <input type="checkbox"/> Restaurant / Food <input type="checkbox"/> Retail <input type="checkbox"/> Technology <input type="checkbox"/> Tourism / Travel <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____														
	<b>LOCAL EMPLOYMENT</b>														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><u>Type</u></td><td style="width: 15%;"><u>Number</u></td><td>Do you offer health insurance to your employees?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</td></tr> <tr> <td>• Full time</td><td>_____</td><td>What percent of your total staff live locally?</td></tr> <tr> <td>• Part time</td><td>_____</td><td>_____</td></tr> <tr> <td>• Per Diem</td><td>_____</td><td>What towns do your employees commute from? _____</td></tr> <tr> <td>• 1099</td><td>_____</td><td>_____</td></tr> </table>	<u>Type</u>	<u>Number</u>	Do you offer health insurance to your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Full time	_____	What percent of your total staff live locally?	• Part time	_____	_____	• Per Diem	_____	What towns do your employees commute from? _____	• 1099	_____
<u>Type</u>	<u>Number</u>	Do you offer health insurance to your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No													
• Full time	_____	What percent of your total staff live locally?													
• Part time	_____	_____													
• Per Diem	_____	What towns do your employees commute from? _____													
• 1099	_____	_____													
Number of positions added in the past year															
Number of positions eliminated in the past year															
Number of days open per week															
Peak Season <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All Year <input type="checkbox"/> Holidays															
<b>FACILITY</b>															
Size of primary location (square feet)															
Number of buildings															
Age of building / space <input type="checkbox"/> Under 5 yr <input type="checkbox"/> 5-10 yr <input type="checkbox"/> 11-25 yr <input type="checkbox"/> Over 25 yr															
Condition of buildings <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Would move if I could															
Is there room for additional expansion (land / facilities) at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but would like to stay in town															

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	Size of market? [ ] Local [ ] Regional [ ] National [ ] International				Are gross business revenues... [ ] Increasing [ ] Stable [ ] Decreasing			
	Does the business plan to expand in the next three years? [ ] Yes [ ] No				If yes, • Estimated dollar investment \$ _____ • Estimated number of jobs to be created _____ • Estimated facility size increase (sq ft) _____ • Target date of expansion _____			
	<b>ENERGY</b>							
	What types of fuels are currently used by the business for energy? [ ] Oil [ ] Propane [ ] Electric [ ] Other _____							
	What is the estimated annual energy consumption? _____							
	Is the business considering using natural gas? [ ] Yes [ ] No [ ] Maybe in the future • What would be the planned uses for natural gas? [ ] Hot water [ ] Heat [ ] Manufacturing processes • Would you use natural gas exclusively? [ ] Yes [ ] No							
	<b>EAST HAMPTON BUSINESS CLIMATE</b>							
	Does East Hampton serve / assist your business needs? [ ] Yes [ ] No [ ] Undecided							
	Please rate the level of satisfaction with the following business services provided by East Hampton on a scale of 1 to 5							
		Low	1	2	3	4	5 High	N/A
	• Property tax assessment (fair & equitable)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	• Sewer / sewage treatment	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	• Power availability	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	• Water quality / quantity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
• Regulatory zoning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Regulatory enforcement	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Community planning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Web site information	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Business incentives	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Police protection	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Fire protection	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Ambulance / paramedic service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Town-sponsored education & training	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
• Traffic control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
Please provide additional comments on any items that you have rated 2 or less								
What business assistance / incentives would you like to see offered in East Hampton?								
What business assistance / incentives would you like to see at the State level?								
Would you participate in EDC sponsored business forums, workshops or training? (check all that apply) [ ] Yes [ ] No [ ] Maybe								
• Preferred day / time [ ] Weekday morning [ ] Weekday lunch [ ] Weekday evening [ ] Saturday [ ] Sunday								
• Topics of interest [ ] Marketing [ ] Small Business Finance [ ] Healthcare / insurance [ ] HR [ ] Other _____								
Would you like to meet with the Economic Development Commission Business Visitation Team? [ ] Yes [ ] No								
• Requested date / time								